BRIDGES

In This Issue

Many of the activities and products in California that seek to increase the quality of subsidized early care and education services are partially or fully funded through the Quality Improvement Plan (QIP) of the California Department of Education, Child Development Division. This issue of *Bridges* focuses on several programs or projects that receive QIP funding, including the California Preschool Instructional Network, the Program for Infant/Toddler Care, the English Learning for Preschoolers project, and the California Child Care Health Program. Rounding out the issue are articles from the new National

Head Start Family Literacy Center at Sonoma State University and Shasta Head Start. You will also find a reader questionnaire we are asking you to complete and return to us so that *Bridges* may continue to meet your needs in future issues.

Bridges is produced by the California Head Start–State Collaboration Office. It is mailed to every Head Start program and early education program funded by the California Department of Education. We hope you find the information useful. ◆

A Message from the California Head Start Association

Lucía Palacios, President

In the fall, our thoughts turn to a new program year. When the children arrive, opportunities abound to share our profound respect for each of them as well as for their families.

Head Start teachers play a pivotal role in building on each child's foundation. As an active participant in early learning success and a parent partner, Head Start seeks to maximize those opportunities presented in the natural development of all children. We now know the significance of early brain development and the harm that stress and trauma can have during this critical period for children. Head Start children and families can greatly benefit from investments in all forms of teacher education and staff development.

In our Head Start classrooms, we promote and must model the importance of parents as their child's first and primary teacher. Our staff plays a vital role. Head Start child development staff effectiveness is enhanced with experience and training that lead

to a greater understanding of children who have special needs, sensitivity to cultural and linguistic issues that impact education, or other factors that may impact families, such as homelessness, parental incarceration, or immigration. Understanding the context of a child's family is the key to individualized classroom support.

In California our Head Start programs are rich with thousands of committed and well-trained staff working with children and families. We pride ourselves on "growing our own"—almost a quarter of our staff are former or current parents. Child development staff in California Head Start programs have made significant progress toward attaining associate's (49 percent) and bachelor's (21 percent) degrees. The drive toward baccalaureates for teachers and increased early childhood units

This issue of *Bridges* can also be found on the California Department of Education's Web site *http://www.cde.ca.gov/sp/cd/re/chssco.asp.*

Quality Improvement Plan

The federal Child Care and Development Fund (CCDF) is an aggregate of several funding sources that is distributed in block grants by the federal government to the states and territories. The majority of the funds are to be used to provide child care services to families who meet certain income and need criteria. A portion of the funds (at least 4 percent of the block grant amount and special earmarks for quality activities) is to be used for activities to improve the quality of child care in each state.

The purpose of the CCDF is to increase the availability, affordability, and quality of child care services. Every two years, states and territories receiving CCDF funds must prepare and submit to the federal government a plan detailing how these funds will be allocated and expended. The Quality Improvement Plan is administered by the California Department of Education through the Child Development Division. The activities proposed here are for federal fiscal years 2006 and 2007.

The Plan identifies a full range of child care and development services that are offered throughout the state in both licensed and license-exempt settings, including centers, family child care homes, the home of friends or relatives, and the child's home. It also provides a description of family fees for child care and development services, which are calculated on a sliding scale based on family income and family size. The Plan specifies that the CCDF provides services to children from birth to thirteen years of age and that services are available to eighteen years of age for a child with exceptional needs.

Federal statute requires that at least 4 percent of the CCDF allocation be used for quality improvement projects. An estimated $109,081,429 will be expended on quality improvement activities in California for each of the two years covered by the current Plan. The proposed quality improvement activities are as follows:

Infant/Toddler Care

- Program for Infant/Toddler Care (PITC) Institutes
- Infant/Toddler Specialists for Healthline
- Start-Up and Resource Grants
- Child Care Initiative Project with an Infant/Toddler Focus
- PITC Regional Support Networks
- Inclusion of Infants and Toddlers with Disabilities
- Community College Demonstration Sites
- Infant/Toddler Guidelines, Development of Standards
- Infant/Toddler Curriculum Framework
- Family Child Care Association Development Project

Resource and Referral Programs

- Support for the statewide system of Child Care Resource and Referral programs in every county

School-Age Child Care

- Before- and After-School Program Grants
- Training and Stipends for School-Age Program Professionals
- School-Age Curriculum and Materials Development and Distribution

Comprehensive Consumer Education

- Consumer Education Campaign, Family Partnership Initiative
- 800-KIDS-793 Phone Line for Parents

Grants or Loans to Assist Providers in Meeting State or Local Standards

- Facilities Renovation and Repair Grants
- Instructional Materials Grants

Monitoring of Compliance with Licensing and Regulatory Requirements

- Desired Results System for Children and Families
- Evaluation of the Quality Improvement Activities
- TrustLine Registry and Self-Certification of License-Exempt Providers
- Subsidized TrustLine Applicant Reimbursement
- License Enforcement for Child Care Programs

Professional Development, Including Training, Education, and Technical Assistance

- Child Development Training Consortium
- Technical Assistance to Child Care Providers for Facilities Financing
- Desired Results Field Training
- California Preschool Instructional Network
- Training TANF Recipients as Child Care Teachers
- Child Development Permit Matrix Professional Growth Advisors
- Family Child Care at Its Best Project, University of California, Davis
- Child Care Initiative Project

Improved Salaries and Other Compensation for Child Care Providers

- California Early Childhood Mentor Program
- Stipend for Permit
- Child Development Teacher and Supervisor Grant Program
- Child Care Salary and Retention Incentives

Early Learning, Literacy, and Numeracy Development

- English Language Learners' Support
- Public Broadcasting Preschool Education Project
- Prekindergarten Program
  - Exempt Provider Outreach and Training
  - Publication of the Adapted Prekindergarten Learning and Development Guidelines
  - Development/Revision of the Prekindergarten Content Standards
  - Development of a Prekindergarten Curriculum Framework

Activities to Promote Inclusive Child Care

- Map to Inclusive Child Care
- Special Needs Training (Inclusion of Children with Disabilities and Exceptional Needs)

Healthy Child Care America and Other Health Activities, Including Those for the Social and Emotional Development of Children

- Healthline
- Health and Safety Training for Licensed and License-Exempt Providers

Other Quality Activities

- Local Child Care and Development Planning Councils

For information regarding any of the Quality Improvement Plan activities, please contact Aurora Dominguez, Child Development Consultant, California Department of Education, at (916) 323-1343. ◆

California's Infant/Toddler Learning and Development System

Peter L. Mangione, J. Ronald Lally, Mary Smithberger, Cathy Tsao, Deborah Greenwald, Amy Wagner, Sara Webb-Schmitz, and Kerry Kriener-Althen

In response to the dramatically growing need to provide training for providers of infant/toddler care, the California Department of Education (CDE) initiated an effort 20 years ago to create comprehensive training materials and strategies for the infant/toddler early education field. In this effort the CDE has been collaborating with WestEd to develop the Program for Infant/Toddler Care (PITC). The PITC has trained thousands of trainers, infant care teachers, and family child care providers with state-of-the-art information based on research and best practices. In the past several years, the CDE has added new initiatives to strengthen the focus on facilitating the learning of infants and toddlers in CDE-funded programs. These initiatives include (1) the *Infant/Toddler Learning and Development Foundations* (working title); (2) the *Infant/Toddler Learning and Development Program Guidelines* and a guidelines workbook; (3) the *Desired Results Developmental Profile–Revised (DRDP–R)* birth-to-three instrument; and (4) an infant/toddler curriculum guide. As shown in Figure 1, the infant/toddler learning and development foundations are at the center of the system. A definition of each component of the system follows. Each of the products discussed in this article will be available for purchase at different times during the next two years.

PITC (Training and Technical Assistance for Infant/Toddler Care)

The Program for Infant/Toddler Care is a 20-year collaboration between the California Department of Education, Child Development Division (CDE/CDD) and WestEd's Center for Child and Family Studies. Components of the PITC include train-the-trainer institutes, training videos and print materials, and the PITC Partners for Quality, a community-based, onsite training and technical assistance program.

The Program for Infant/Toddler Care offers train-the-trainer institutes in California and throughout the nation for program directors, college faculty, and other professionals responsible for training infant care teachers. The PITC philosophy and approach are based on research on infant development and high-quality care. The training focuses on six program policies for infant/toddler care: primary care, small groups, continuity of care, individualization of care, cultural responsiveness, and inclusion of children with disabilities or other special needs.

Training participants have the opportunity to become certified trainers in all four PITC modules: (I) Social-Emotional Growth and Socialization; (II) Group Care; (III) Learning and Development; and (IV) Culture, Family, and Providers. Training resources for each of the modules include videos, caregiver guides, and a training binder with additional resources and related articles. In addition to the four PITC modules, the PITC collaborates with Sonoma State University's Beginning Together training (also known as Module V). Beginning Together focuses on including children with disabilities or other special needs in infant/toddler care and provides train-the-trainer institutes, a graduate conference, and community-based training and technical assistance.

The PITC Partners for Quality is a CDE-supported statewide network of certified PITC trainers that offers community-based onsite training and technical assistance for center-based programs and family child care homes serving children birth to age three in California. Because the Partners for Quality training occurs on-site, each training plan is individualized to meet the specific needs of the host organization.

Infant/Toddler Learning and Development Program Guidelines

The California Department of Education's publication *Infant/Toddler Learning and Development Program Guidelines* was developed recently to provide an overview of how to provide high-quality care and education in infant/toddler programs. Health and safety concerns (including infant mental health) and professional development for infant care teachers are but two of the programmatic issues dealt with comprehensively in the *Guidelines.* Program leaders and infant care teachers, in both infant/toddler centers and family child care homes, who wish to engage in program development and improvement will find a wealth of practical guidance in this publication.

Infant/Toddler Learning and Development Program Guidelines Workbook

Following on the heels of the *Program Guidelines* described above is the *Infant/Toddler Learning and Development Program Guidelines Workbook.* The *Workbook* offers a set of learning activities to help program leaders and infant care teachers apply the guidelines in their programs. The activities vary in format to meet the needs and interests of different types of programs as well as different types of learners. The *Workbook* is written to include caregivers in both family child care programs and center-based infant/toddler programs and is designed to support change and growth in a variety of settings.
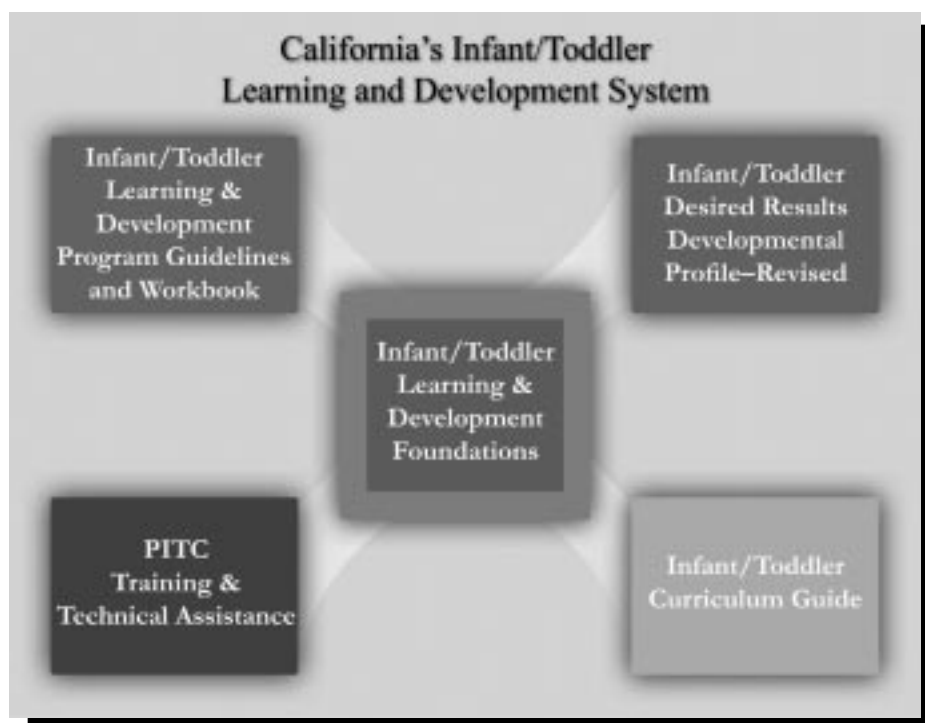

Figure 1

The Infant/Toddler Learning and Development Foundations (Working Title)

The *Infant/Toddler (I/T) Learning and Development Foundations* (working title) identifies developmental accomplishments of children from birth to three years of age. The *I/T Foundations* reflects current research on domains and stages of development that are critical for infants and toddlers. The *I/T Foundations* is organized by four developmental domains: physical/motor, social-emotional (including infant mental health), language (including literacy), and cognitive. Within each domain developmental accomplishments are identified that most children will likely exhibit by the end of each of three developmentally distinct age periods: young infancy (ending around eight months), middle infancy (ending around 18 months), and older infancy (ending around 36 months). In addition to these three age periods, the *I/T Foundations* identifies behaviors that occur in the early months of infancy (from birth to four months of age) both as important in their own right and as the foundation for later development.

With information on children's development for each of these transitional periods during the first three years, infant care teachers and families will gain insights into what they can expect for their children at different ages and will be able to support their children's development and learning accordingly. The *Infant/Toddler Learning and Development Foundations* will inform development of the *Infant/Toddler Curriculum Guide.*

Instructional DVDs

The content of both the *Infant/Toddler Learning and Development Program Guidelines* and the *Infant/Toddler Learning and Development Foundations* will be highlighted and illustrated in two full-length DVDs.

Infant/Toddler Curriculum Guide

Currently under development, the *Infant/Toddler Curriculum Guide* will present strategies for infant care teachers in planning how to meet the full range of developmental and learning needs of individual children as well as small groups of children. The *Infant/Toddler Learning and*

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The Program for Infant/Toddler Care

Peter L. Mangione, J. Ronald Lally, Mary Smithberger, Janet Poole, Arlene Paxton, Alicia Tuesta, Cathy Tsao, and *Kerry Kriener-Althen*

Twenty years ago the California Department of Education (CDE) initiated an effort to respond to the dramatically growing need to provide training for infant/toddler teachers and providers and to enhance the quality of child care and development services for infants and toddlers. WestEd was selected to collaborate with the CDE to develop The Program for Infant/Toddler Care (PITC). The goal of the PITC is to create comprehensive training materials and develop a variety of professional development opportunities for program directors, infant care teachers and providers, college faculty, early interventionists, and other interested individuals.

More recently, this collaborative partnership was expanded to include the Beginning Together project, which is administered by Sonoma State University (SSU). The goal of Beginning Together is to support the inclusion of infants and toddlers with disabilities or other special needs in local programs by ensuring that appropriate inclusive practices and skills are promoted in the training institutes and other PITC activities.

Both the PITC and Beginning Together are ongoing activities in the California Quality Improvement Plan and are funded through the federal Child Care and Development Infant Earmark Fund.

Information on the PITC is available at http://www.pitc.org and on Beginning Together at http://www.sonoma.edu/cihs/BT/beginning.html.

The PITC Philosophy

The PITC's curriculum supports caring and supportive relationships between adults and children and is based on research and best practices. It shows infant care teachers and family child care providers ways of helping infants and toddlers learn the lessons that every infant comes into the world eager to learn. The PITC approach equates good care with infant teachers and providers who have developed responsive, supportive relationships with infants. To nurture infants and toddlers and foster their learning, infant teachers and providers must explore ways to get "in tune" with each child in their care and learn from each child what he or she needs, thinks, and feels.

Six program policies anchor the PITC work: primary care; small groups; continuity of care; individualized care; cultural responsiveness; and inclusion of children with special needs. These policies create a climate for care that reinforces a responsive, relationship-based approach. They allow relationships to develop and deepen over time between infant care teachers or family child care providers and the children and their families.

The PITC's curriculum supports caring and supportive relationships between adults and children and is based on research and best practices.

The PITC philosophy also regards the setting for care as critical. Therefore, it recommends strategies for designing an environment that ensures infants' and toddlers' safety, offers appropriate developmental challenges, and promotes optimum health. Equally important is supporting the child's developing family and cultural identity by making meaningful connections between the child's experiences in child care and the child's experiences at home and in the community.

The PITC videos, guides, and trainer's manuals are designed to help early care and education program directors, infant care teachers, and family child care providers become sensitive to infants' and toddlers' cues, connect with the children's families and cultures, and develop responsive, relationship-based care. The training materials provide the foundation for a style of care in which the infant care teachers and providers study the infants in their care, reflect on and record information about the children's interests and skills, and search for ways to set the stage for the child's next learning encounters. Trainers throughout the United States as well as in many other countries have used these materials to improve the quality of care for infants and toddlers.

The PITC Trainer Institutes

The PITC, using state-of-the-art information based on research and best practice, has trained thousands of trainers, program managers, college faculty, early interventionists, and other professionals responsible for training caregivers' trainers. In the past several years, the CDE has added new initiatives to strengthen the focus on facilitating the learning of infants and toddlers in CDE-funded programs. The PITC offers Trainer Institutes based on the PITC philosophy and relationship-based curriculum, and its videos, guides, and other print materials are designed to communicate the PITC philosophy and recommended practices. Through a series of four module trainings, presented over the course of two weeks, participants are provided the opportunity to deepen their own understanding and to acquire skills in the presentation of the concepts contained in the PITC. These policies and practices support the

The Program for Infant/Toddler Care

development and implementation of infant/toddler program policies that ensure high-quality care.

The institutes offer training sessions and other opportunities for instructional exchanges with noted infant/toddler experts. Training sessions in each module also focus on adult learning and teaching strategies. The four modules are:

Module I: Social-Emotional Growth and Socialization

Module II: Group Care

Module III: Learning and Development

Module IV: Culture, Family, and Providers

The PITC Trainer Institutes held in California are open to all applicants regardless of state residency. Fellowships are available for California residents only. Applications for the Trainer Institutes are available on the PITC Web site. WestEd also conducts PITC Trainer Institutes outside California. The institutes are available nationally and internationally by arrangement. For more information about the PITC institutes in California, contact Alicia Tuesta, WestEd, and for out-of-state institutes, contact Cathy Tsao, WestEd, at (415) 289-2300.

Beginning Together

The purpose of Beginning Together is (1) to infuse into the PITC strategies for including children with disabilities or special needs in infant/toddler care programs; and (2) to ensure that appropriate inclusive practices are promoted in the training and technical assistance provided by the existing cadre of CDE/WestEd certified trainers in the PITC. These objectives are accomplished through a training of trainers institute, regional outreach activities with several early intervention specialists, revision/development of written materials, support to institute graduates, and support of inclusive practices in other PITC activities, such as the demonstration programs. For more information about Beginning Together, contact Linda Brault or Ellen Montanari, SSU, at (760) 682-0274.

PITC Partners for Quality

PITC Partners for Quality is the subsidized on-site training and technical assistance support network for California's infant/toddler centers and family child care programs. Center-based staff and family child care providers have opportunities to explore the PITC philosophy, curriculum, and recommended practices in training sessions and through on-site support that is specific to the needs of the individual program or family child care provider. Each year the Partners for Quality provides services to approximately 300 infant/toddler programs (including infant/toddler centers and groups of family child care providers) through the training of more than 2,500 caregivers, thereby strengthening the quality of care for approximately 15,000 infants and toddlers.

The Partners for Quality training incorporates all four PITC training modules. Training plans, which take from five to eight months to complete, consist of approximately 60 hours: 32 hours of training, 18 hours of on-site technical assistance, and 10 hours of pre- and post-observation and plan development. The PITC training provides the framework for a responsive, relationship-based curriculum and uses PITC's comprehensive series of videos and active adult learning strategies.

Center-based programs and groups of family child care providers may participate in up to three consecutive training plans. Training Plan I covers content in PITC Modules I and II. Training Plan II covers content in Modules III and IV. Training Plan III is focused on the implementation of the six PITC essential policies: inclusion of children with special needs, cultural responsiveness, individualized care, small groups, primary care, and continuity of care.

The goals of the PITC Partners for Quality training are to help infant/toddler caregivers:

- Explore how to get in tune with each infant in their care—learning from the infant what he or she needs, thinks, and feels—and follow a similar exploration with the infant's family.

- Learn how to deepen relationships with infants, meeting each infant's needs and relating to his or her thoughts and feelings.
- Make adaptations in care that are based on the infant's responses and abilities and take into account the family's concerns.
- Arrange the environment, materials, and social context for learning in response to the infant's messages and abilities and to the family's culture.
- Embrace the role of observer and continuous learner.

The PITC Partners for Quality has developed a Regional Support Network (RSN) to provide the PITC training at the local level. The RSN consists of 12 regions, each with a regional trainer/coordinator (RT/C), and up to 120 certified PITC trainers statewide. PITC Partners for Quality trainers are early care and education professionals who have attended intensive training and are fully certified in all four PITC modules. The RT/Cs work closely in their communities to match the trainers with host organizations (centers and groups of family child care providers) that request PITC on-site training and technical assistance. Beginning Together supports inclusive practices in the Partners for Quality RSN in several ways: three technical assistance specialists (northern, central, and southern California) bring their own early intervention expertise to the RT/Cs and trainers; Beginning Together funds early intervention training partners to assist in planning and presentations to the host organizations; and Beginning Together collaborates in providing advanced training for the PITC Partners for Quality trainers.

The Partners for Quality program also offers incentives to participants. Incentives include either *academic credit* through U.C. Davis Extension or Pacific Oaks College or *resource grants* (toward pre-approved infant/toddler learning materials) to the value of $175 for each participant who qualifies or a $175 *stipend.* In addition, participants receive a certificate of participation. All incentives are contingent on participants attending a minimum of 28 hours of training during the delivery of a training plan.

The Partners for Quality training is available for infant/toddler centers or groups of family child care providers serving children birth to three years of age. For more information about the program, please go to http://www.pitc.org or call Arlene Paxton at (415) 289-2300.

PITC Demonstration Programs

The PITC's vision of quality care has been put into practice at five community college-based demonstration programs in both northern and southern California. Each of the demonstration programs is unique, providing visitors opportunities to learn from programs that differ in size, physical environment, location, history, and culture. Using observation rooms and electronic monitors, programs offer infant teachers and providers, trainers, program managers, students, parents, policymakers, and the general public the opportunity to unobtrusively observe examples of quality infant/toddler care provided by infant care teachers who plan and modify their environments and interactions based on a process of observation and reflection. The demonstration programs are located at Cabrillo College, Chabot College, Citrus College, Santa Rosa Junior College, and Grossmont College. Each college also partners with a small number of family child care demonstration sites.

To learn more about the PITC demonstration programs, to take virtual tours of them, or to arrange on-campus visits, check the PITC Web site for contact persons and locations.

PITC Community College Special Seminar on Infants and Toddlers

Designed specifically for early childhood professionals affiliated with a California community college, the PITC California Community College Special Seminar offers a unique opportunity for participants to network and share ideas with colleagues. The focus is on creating strong models of theory and practice for infant and toddler care on community college campuses statewide. Throughout the sessions, participants explore ways to integrate the PITC approach into their college courses and campus infant/toddler centers. Special emphasis is placed on strengthening links between the courses and the infant/toddler centers.

The Program for Infant/Toddler Care

The seminar addresses the following topics:

- Current research on infant toddler development and quality care that supports responsive, relationship-based care for children from birth to three years of age. The roles of both the adult and the infant in the curriculum are explored.
- The six essential policies of the PITC, which create a climate for care that strengthens the responsive, relationship-based approach. The essential policies include the creation of small groups, primary caregiver assignments, continuity of care that keeps children and caregivers together over time, individualized schedules and routines, and care that is both inclusive of children with special needs and culturally responsive. Participants have the opportunity to discuss and work through the challenges of implementing these program policies in their campus infant/toddler programs and of incorporating the PITC philosophy in their infant/toddler course content.
- Creating consistency between infant/toddler theories taught in college courses and caregiving practices in campus infant/toddler centers. Participants work on strategies for building stronger relationships between faculty and center staff.

Beginning Together provides a follow-up seminar that focuses on inclusive practices. It provides an opportunity for colleges to further develop their plan for integrating the PITC philosophy and the connection between their college courses and campus infant/toddler centers.

For more information about the PITC Community College Special Seminar, contact Alicia Tuesta, WestEd, at (415) 289-2300.

The Training Modules

Module I: Social-Emotional Growth and Socialization

Print Materials:

Infant/Toddler Caregiving: A Guide to Social-Emotional Growth and Socialization

Module I Trainer's Manual

DVDs/Videos and Video Magazines:

First Moves: Welcoming a Child to a New Caregiving Setting

Flexible, Fearful, or Feisty: The Different Temperaments of Infants and Toddlers

Getting in Tune: Creating Nurturing Relationships with Infants and Toddlers

Module II: Group Care

Print Materials:

Infant/Toddler Caregiving: A Guide to Routines

Infant/Toddler Caregiving: A Guide to Setting Up Environments

Module II Trainer's Manual

DVDs/Videos and Video Magazines:

It's Not Just Routine: Feeding, Diapering, and Napping Infants and Toddlers, 2nd Edition

Respectfully Yours: Magda Gerber's Approach to Professional Infant/Toddler Care

Space to Grow: Creating a Child Care Environment for Infants and Toddlers, 2nd Edition

Together in Care: Meeting the Intimacy Needs of Infants and Toddlers in Groups

Module III: Learning and Development

Print Materials:

Infant/Toddler Caregiving: A Guide to Cognitive Development and Learning

Infant/Toddler Caregiving: A Guide to Language Development and Communication

Module III Trainer's Manual

DVDs/Videos and Video Magazines:

The Ages of Infancy: Caring for Young, Mobile, and Older Infants

Discoveries of Infancy: Cognitive Development and Learning

Early Messages: Facilitating Language Development and Communication

The Next Step: Including the Infant in the Curriculum

Module IV: Culture, Family, and Providers

Print Materials:

Infant/Toddler Caregiving: A Guide to Culturally Sensitive Care

Infant/Toddler Caregiving: A Guide to Creating Partnerships with Parents

Module IV Trainer's Manual

DVDs/Videos and Video Magazines:

Essential Connections: Ten Keys to Culturally Sensitive Child Care

Protective Urges: Working with the Feelings of Parents and Caregivers

Talking Points for Essential Connections (English only)

Talking Points for Protective Urges (English only)

Supplementary Materials

Addendum to Trainer's Manuals I, II, III, & IV: Spanish Handouts and Transparencies

In Our Hands (video) (English only)

Los módulos de capacitación

Módulo I: El crecimiento socioemocional y la socialización

Materiales impresos:

El cuidado del niño de cero a tres años en grupo: Una guía para el crecimiento socioemocional y la socialización

Manual pedagógico, Módulo I: El crecimiento socioemocional y la socialización

Videos y revistas:

Los primeros pasos: El niño es bienvenido a un ambiente acogedor

Flexible, cauteloso o inquieto: Los temperamentos de infantes

Llevar el compás: La creación de relaciones cariñosas con infantes y niños pequeños

Módulo II: Cuidado infantil en grupo

Materiales impresos:

El cuidado del niño de cero a tres años en grupo: Una guía para las rutinas cotidianas del cuidado infantil

El cuidado del niño de cero a tres años en grupo: Una guía para crear los ambientes del cuidado infantil

Manual pedagógico, Módulo II: Cuidado infantil en grupo

Videos y revistas:

No es sólo una rutina: La alimentación, los pañales, y las siestas infantiles (Segunda edición)

Con respeto: El enfoque de Magda Gerber para cuidados infantiles profesionales

Un lugar para crecer: Cómo crear un ambiente de cuidado para niños de cero a tres años (Segunda edición)

Unidos en el corazón: Satisfaciendo las necesidades de intimidad de infantes en grupos

Módulo III: Aprendizaje y desarrollo

Materiales impresos:

El cuidado del niño de cero a tres años en grupo: Una guía para el desarrollo cognitivo y el aprendizaje

El cuidado del niño de cero a tres años en grupo: Una guía para el desarrollo del lenguaje y la comunicación

Manual pedagógico, Módulo III: Aprendizaje y desarrollo

Videos y revistas:

Las edades de la infancia: Cuidando a bebés tiernos, que se movilizan, y mayorcitos

Descubrimientos de la infancia: Desarrollo cognitivo y del aprendizaje

El comenzar de la comunicación: Facilitando el desarrollo del lenguaje

El siguiente paso: Cómo incluir al niño en el currículo

Módulo IV: Cultura, familia, y proveedores

Materiales impresos:

El cuidado del niño de cero a tres años en grupo: Una guía para el cuidado infantil culturalmente sensible

El cuidado del niño de cero a tres años en grupo: Una guía para establecer relaciones de colaboración con las familias

Manual pedagógico, Módulo IV: Cultura, familia, y proveedores

Videos y revistas:

Relaciones indispensables: Diez pautas para un cuidado infantil culturalmente sensible

El instinto protector: Trabajando con los sentimientos de los padres y cuidadores infantiles

PITC Academy for Program Directors

The PITC Academy for Program Directors focuses on the uniqueness of the infancy period and the challenges of directing a child care program, whether center-based or family child care, to foster the development and well-being of infants and toddlers.

Starting in summer 2006, this training experience will cover the following areas:

- The important role of the program director in providing strong leadership to develop and maintain high-quality infant/toddler programs.
- Innovative approaches to creating an effective work climate and implementing high-quality services that foster the development and well-being of infants and toddlers.
- The uniqueness of the infancy period. Current research on infant/toddler development and quality care that supports responsive, relationship-based care for children from birth to three years of age and the role of both the adult and the infant in the curriculum will be explored.
- The six essential PITC policies. Participants will have the opportunity to discuss and work through the challenges of implementing these program policies in their infant/toddler programs.
- Strategies that help program leaders to begin building connections with their communities to increase the number of opportunities for training and support available to directors at the local level.

For more information about the PITC Academy for Program Directors, contact Alicia Tuesta, WestEd, at (415) 289-2300. ◆

The California Preschool Instructional

The California Department of Education (CDE) in partnership with the California County Superintendents' Educational Services Association (CCSESA) initiated the California Preschool Instructional Network (CPIN) during the 2003-04 school year. The CDE, through the Child Development and Special Education Divisions, provides funding to each of the 11 CCSESA regions to implement CPIN activities and provide related resources to practitioners. The Sacramento County Office of Education administers CPIN on behalf of the Curriculum and Instruction Steering Committee of CCSESA, and the California Institute on Human Services at Sonoma State University provides resources and support.

The purpose of the California Preschool Instructional Network is to provide high-quality professional development, current research and information, and technical assistance to preschool administrators and teachers in support of the goals established by the California Department of Education. These services and resources are intended to ensure that all preschool children (aged three to five years) are ready for school. Special attention is directed toward supporting English learners and children with disabilities. The initial focus is on language and literacy and later will progress to numeracy and other content areas.

CPIN staffs in each of the 11 CCSESA regions are responsible for implementing a variety of activities directed toward early language and literacy skills, which are important for all children to acquire to prepare them for success in elementary school. Networks of administrators and leaders of early childhood education/school readiness programs meet several times during the year, and professional development opportunities are provided for early childhood/school readiness staffs.

During the 2005-06 school year, several prominent researchers presented findings to CPIN regional teams of preschool educators on the latest research and strategies for the development of early language and literacy skills. (See the accompanying box for a list of the research presenters.) Participants were given related research articles to read to augment the presentations and had opportunities to interact with and ask questions of the researchers. These discussions represented good examples of how practitioners and researchers can influence each other to examine assumptions and principles in the spirit of improving the research questions that are investigated and the practices that are implemented.

> Presenters for the research institutes included **David Dickinson,** Professor in the Department of Teaching and Learning at the Peabody School of Education, Vanderbilt University; **Christopher Lonigan,** Professor of Psychology and Associate Director of the Florida Center for Reading Research at Florida State University; **Louisa Moats,** Consultant Advisory to Sopris West Educational Services for Literacy Research and Professional Development; **Mary McLean,** Professor in the Department of Exceptional Education and Director of the Early Childhood Special Education Program at the University of Wisconsin-Milwaukee; and **Theresa Roberts,** Professor in the Child Development Department of California State University, Sacramento.

In the past year, CPIN also collaborated with WestEd, Center for Child and Family Studies, to conduct trainings on the draft of the CDE resource guide *Preschool English Learners: Principles and Practices to Promote Language, Literacy,*

and Learning. Additional trainings will be offered by CPIN during the 2006-07 school year and will be advertised widely.

The California Preschool Instructional Network is one of many efforts focused on helping all young children in California develop into eager, healthy, and prepared learners who can flourish and succeed in elementary school and beyond. Working together, participants of the networks can impact the lives of young children and help prepare them for successful lives in a vibrant and richly diverse state.

The accompanying contact list and governance chart provide additional information about CPIN and how to reach staff members of the regional networks. Further information and resources are available on the CPIN Web site: http://www.cpin.us

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The purpose of CPIN is to provide high-quality professional development, current research and information, and technical assistance to preschool administrators and teachers in support of the goals established by the California Department of Education.

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The California Preschool Instructional Network

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Governance Chart

California Department of Education

Curriculum and Instruction Steering Committee (CISC) of California County Superintendents' Educational Services Association (CCSESA)

The Sacramento County Office of Education, on behalf of CISC, provides leadership for statewide activities.

The California Institute on Human Services, Sonoma State, provides resources and support for the networks.

Early Childhood Education Program Directors and Teachers
Provide a strong learning foundation for school success

⇧

Regional Networks
Implement professional development
Provide resources

⇧

State Advisory Committee
Suggests implementation guidelines

⇧

State Executive Committee
Subset of advisory committee
Provides guidance and sets policy

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Educating Preschool English Learners

Rebeca Valdivia and *Peter Mangione*

The California Department of Education's English Learning for Preschoolers project commenced in 1993 with the Santa Cruz County Office of Education developing a set of materials that included resource guides, videos, and training materials. These materials centered around the resource guide titled *Fostering the Development of a First and a Second Language in Early Childhood.* The first printing of that document was in 1995, and the second in 1998. Since the guide was originally developed, research and practice in the field of second-language acquisition during the preschool years has continued to grow. Rather than continuing to reprint the original guide, the Child Development Division (CDD) of the Department of Education decided that it should be updated to reflect current research and knowledge of recommended educational practices for preschool English learners.

In 2003 the CDD asked WestEd's Center for Child and Family Studies to build on the foundation established by the Santa Cruz County Office of Education by first updating the guide and then creating a video based on the content of the updated guide. The development of the first set of materials proceeded as WestEd conducted a pilot training with existing materials. The training activity evolved and led to the expansion of the training and the creation of a manual for trainers. The project represented an extension of WestEd's efforts to enhance the care, education, and healthy development of young children, in partnership with their families, through print materials, videos, and training.

The decision to create new materials came at a time when it was evident that special attention needed to be paid to how we educate the fastest growing segment of children served by both state and federally funded preschool programs—children between the ages of three and five years who arrive at preschool having had extensive experience mastering one or more languages other than English and much less experience acquiring English. In the 2004-05 school year, more than 170,000 preschool children were estimated to fit that category. Current trends in population growth and in immigration suggest that preschool English learners will continue to be widely represented in California preschool programs.

Since WestEd began working on the English Learning for Preschoolers project, the updated materials have gone through various phases of adoption and approval by the California Department of Education. At the heart of the updates is the new resource guide titled *Preschool English Learners: Principles and Practices to Promote Language, Literacy, and Learning.* The extensive updating of the guide was completed by a group of experts in the field of second-language acquisition and learning. Representative of the research and perspectives of teachers, families, and policymakers, many of the experts had been English learners in their youth. (A list of the panel members is provided at the end of this article.)

Current trends in population growth and in immigration suggest that preschool English learners will continue to be widely represented in California preschool programs.

Continuity between the original materials and the new set of materials was maintained by including in the group Maria Fátima Castro and Joyce Palacio, both of whom were members of the advisory panel for the materials developed by the Santa Cruz County Office of Education. Although collectively the panel brought more than 75 years of early childhood teaching experience to the task, it was important to have teachers currently working with preschool English learners shape the contents of the guide. Therefore, an earlier draft of the resource guide was reviewed by 50 early childhood educators, primarily teachers and some administrators

Educating Preschool English Learners

from a variety of programs, including Head Start, State Preschool, Even Start, the California Resource and Referral network, and private preschools. The focus group participants brought experience in working with English learners with and without disabilities and with children who, as a group, spoke a variety of home languages.

The expert panelists recommended that the guide become a resource that speaks to the diversity of preschool English learners. They felt it was crucial for teachers and administrators to recognize that, rather than being a monolithic group of children, preschool English learners come to preschool with a variety of personal histories and experiences with language and communication. English learners include children whose first language is other than English and children who are learning two or more languages simultaneously, one of which may be English. In addition, English learners come from diverse cultural communities that provide a variety of early experiences with language. English learners may arrive at preschool with one or more years of out-of-home early care and educational experience, or they may first experience early care and education upon arriving in preschool. Children with and without disabilities may be English learners.

The panel also wanted the guide to underscore that English learners and their families bring a wealth of language assets to their learning experiences.

The panel also wanted the guide to underscore that English learners and their families bring a wealth of language assets to their learning experiences. Although they have the task of beginning or continuing to acquire English-language knowledge and skills, many English learners have already acquired a variety of oral and emerging literacy skills in their home language that provide an important foundation for their English language development. An important task for preschool teachers is to become familiar with the family's language literacy practices because, in many cases, what is practiced at home and in community settings may differ from traditional practices in formal educational settings. Indeed, young children's success with formal learning often depends on their teachers guiding them to make optimal use of their knowledge of multiple languages.

To assist teachers in their practice, the resource guide offers a set of ten principles, each with an accompanying list of practical ways to implement it. Effective preschool teachers may already implement many of the practices listed under each principle. What the guide does is organize the practices into a coherent approach to supporting the language and literacy development of young English learners. The principles and practices are presented separately from each other in different parts of the guide. However, research indicates that the most effective manner to implement them is a comprehensive approach that treats all of them as complementary to one another.

The ten principles presented below are the same ones included throughout the guide. Taken together, these principles foster an environment that respects and values linguistic and cultural diversity while working toward the eventual mastery of English.

1. Education for English learners is enhanced when preschool programs and families partner in children's education.
2. Children benefit when teachers understand cultural differences and incorporate them into the language used in their daily routine.
3. Successful practices promote shared experiences in which language is used as a meaningful tool to communicate interests, ideas, and emotions.
4. English language development and learning are promoted when preschool teachers and children creatively and interactively use language.
5. Experimenting with the use, form, purpose, and intent of both the first and the second language leads to growth in the acquisition of the second language.

6. Continued use and development of the child's home language will benefit the child as he or she acquires English.
7. Code switching is a normal part of language development for many bilingual children.
8. Coordination and collaboration among families, teachers, and specialists become crucial in supporting the language and literacy development of children with disabilities and other special needs.
9. Engaging in multiple literacy practices, such as reading books, singing songs, and reciting poetry, is a part of the daily life of most families.
10. Offering a variety of opportunities for children to explore written materials and their meanings as well as the sounds of spoken language through rhyme and alliteration builds the language and literacy skills of preschool English learners.

The ten principles offer a quick glimpse of the contents of the guide, which begins with a description of California's population of English learners, their families, and their communities, followed by an overview of some community language practices documented through research. The next few chapters of the guide review basic concepts from theory and research on language development and examine the process of second-language acquisition as it applies to preschoolers. The guide continues with a discussion of code switching and language loss. A chapter on English learners with disabilities and other special needs follows. The guide closes with a chapter on recommended early literacy practices for young English learners.

An example follows of how one of the principles, Principle 9, along with its accompanying practices, has been adapted for use as a training activity.

In order to introduce the guide and companion resources to the field, the California Department of Education (CDE), through the CDD, funded a pilot series of 40 field trainings with the same title as the guide, Preschool English Learners: Principles and Practices to Promote Language, Literacy, and Learning. These trainings were completed during spring 2006. The resource guide will be available through CDE Press by the end of 2006. In addition to receiving the draft guide, participants in the trainings engaged in activities taken from the draft of a companion training manual. Participants also viewed the video titled *A World Full of Language,* which presents key content from the resource guide. Once this video receives final approval from the CDE, participants will have a choice of receiving either a DVD or a VHS version of the product. Participants who have access to the Internet will also be introduced to the project's Web site, http://www.preschoolenglish learners.org.

To assist teachers in their practice, the resource guide offers a set of ten principles, each with an accompanying list of practical ways to implement it.

WestEd conducted the trainings in collaboration with the CDE/CDD and the California Preschool Instructional Network (CPIN). Careful consideration was given to ensure the distribution of trainings across all 11 CPIN regions, with the concentration of English learners in each region as the most heavily weighted factor. A pool of 24 trainers, eight of them acting as lead trainers, offered the trainings. A special effort was made to recruit trainers who were bilingual and who had a strong background in second-language acquisition and extensive experience in teaching young English learners. Many of the trainers also worked in other capacities for CPIN.

The English Learning for Preschoolers project reached more than 1,800 participants in the pilot trainings. A review of the feedback from training participants showed that the strategies and information presented are effective in meeting the needs of administrators and teachers of young English learners. Even though the pilot series reached a large number of educators, it is clear that the need for this training is extensive. Recognizing this need, the CDE asked CPIN, beginning July 2006, to provide trainings on the up-to-date resources and strategies developed by WestEd for the CDE. ◆

The *panel of experts* was led by Rebecca Valdivia, Project Director. Members of the panel were Patricia Baquedano-Lopez, Associate Professor, Graduate School of Education, University of California, Berkeley; Maria Fátima Castro, Coordinator, Central California Migrant-Seasonal Head Start; Ruth Chao, Associate Professor, Department of Psychology, University of California, Riverside; Anna Eunhee Chee, Associate Professor, School of Education, California State University, Los Angeles; Kris Gutierrez, Professor, Graduate School of Education, University of California, Los Angeles; J. Ronald Lally, Co-Director, Center for Child and Family Studies; Peter Mangione, Co-Director Center for Child and Family Studies; Sy Dang Nguyen, Consultant, Child Development Division, California Department of Education; Joyce Palacio, principal of several early education centers, Los Angeles Unified School District; and James Rodriguez, Associate Professor, College of Education, San Diego State University.

Survey of Children's Home Literacy Activities

Examine the ways that language and literacy are or were used in your home. If you do not have children or if your children are grown and out of the house, think back to what was practiced in your childhood or when your children were younger.

This activity, adapted from content found in Chapter 8 of the *Preschool for English Learners* resource guide, prompts teachers to recognize the variety of literacy practices in which children and families may be engaging. It also offers teachers a tool for gathering this kind of information from families so that the teachers, in turn, can integrate some of those practices into their classroom curriculum. The activity assists teachers in validating family literacy practices, many of which look different from school literacy practices. Teachers can also use this activity as a springboard for conversations to introduce and explain the rationale and value of school practices to families who may not be familiar with them.

Part 1

What kinds of printed materials do the adults and children in your home select?

- ☐ Mail, letters
- ☐ Newspapers
- ☐ Popular magazines
- ☐ Religious books and written materials
- ☐ Cookbooks and food labels
- ☐ School newsletters and information flyers
- ☐ Children's storybooks
- ☐ Folktales
- ☐ Nursery rhymes
- ☐ Poetry
- ☐ Letters or cards from relatives
- ☐ Television guides
- ☐ Board games
- ☐ Children's coloring or activity books
- ☐ Printed copies of e-mail
- ☐ Packaging and instructions
- ☐ Other

Part 2

What are some rhymes you recite?

Do you tell stories about relatives and friends?

What types of music does your family sing along to?

What are your child's favorites songs?

Which folktales are told in your family?

Which word games does your family play?

What proverbs are conveyed often in your home?

What limericks are repeated among members of your family?

When do your best family conversations happen?

What does your child like to talk about?

What do you like to talk about?

Antibiotic-Resistant Infections in Child Care

Bobbie Rose, RN, PHN
Child Care Health Consultant

California Childcare Health Program, a program of the University of California, San Francisco, School of Nursing, Department of Family Health Care Nursing

Methicillin resistant staphylococcus aureus (MRSA) and other infections that are resistant to antibiotic treatment are becoming more common in community settings, including schools and child care. Teachers and caregivers can help decrease the spread of these infections by understanding how they occur and taking steps to control further infection.

What is antibiotic resistance?

Antibiotics are drugs that fight infections caused by bacteria. Over the past few decades, some bacteria that antibiotics used to control have developed resistance to those drugs. This resistance occurs when the bacteria change in some way that makes it impossible for the drugs to kill the bacteria. When that happens, the bacteria continue to multiply, causing more harm. Because of resistant bacteria, some infections that used to be easy to treat are now difficult to treat. Antibiotic resistance is an increasing public health problem.

Can antibiotic resistance be prevented?

Appropriate antibiotic use is the best way to prevent bacteria from becoming resistant. When antibiotics are used too often, or not used correctly, the usefulness of the drugs is reduced. Antibiotics should be used to treat *bacterial* infections; they are not effective against *viral* infections, such as the common cold, most sore throats, or the flu. Do not expect antibiotics to cure every illness. Antibiotics should be taken exactly as directed by the primary care provider and only by the person for whom they are prescribed.

> *Editor's Note:* The California Childcare Health Program receives funding from the California Department of Education Child Development Division's Quality Improvement Plan as well as from the State 5 Commission to conduct many of its activities.

What is staph?

Staph is a common cause of bacterial infection. Staphylococcus aureus (staph) are bacteria that are commonly found in noses and on the skin of healthy people without causing infection. When healthy people have germs living on their skin, in their noses, or in their intestines (gut) that are not causing illness, the condition is called *colonization.* People who are colonized are carriers of the bacteria or germs that can cause an infection in themselves or others. These bacteria can occasionally get through the skin barrier and cause a skin or soft tissue infection. Although most of these infections are mild, such as impetigo, staph can cause more serious illness, including blood, bone, or lung infections.

What is MRSA?

MRSA is a type of staph bacteria that is resistant to many of the antibiotics commonly used to treat bacterial infections. This means that the usual treatment with common antibiotics will not work against infections caused by MRSA. These bacteria are not known to cause more frequent or more severe infections than other staph strains; however, infections caused by MRSA are more difficult to treat because there are fewer antibiotic choices. MRSA infections are a small percentage of all staph aureus infections. Although 25 percent to 30 percent of the general population have staph living on their skin, only 1 percent of the population is colonized with MRSA (CDC 2005).

Who gets MRSA infections?

MRSA has long been a serious problem in hospitals and health care facilities (such as nursing homes and dialysis centers), where it infects the wounds of patients weakened by disease or injury. This is called hospital-acquired MRSA. If the infection appears in someone who has not been hospitalized within the last year, it is considered to be community acquired. Community-acquired MRSA infections tend to occur in otherwise healthy people and involve less serious skin and soft tissue infections. Cases of community-acquired MRSA can spread in a variety of close contact environments, including child care centers, athletic facilities, and military establishments.

What do MRSA infections look like?

Symptoms of MRSA infections vary depending on the part of the body that is infected. Skin infections are the most

Antibiotic-Resistant Infections

common site of staph infections and often result in local redness and warmth of the infected area, with or without pus. The infections may look like boils, pimples, spider or insect bites, or infected wounds. Individuals with MRSA infections often complain of a sore that started as a spider bite. Most infections are mild, but MRSA bacteria can get into the bloodstream or lungs and cause severe illness.

How is MRSA spread?

MRSA is usually spread by direct contact with the hands, skin, drainage from a wound, or secretions from the nose of a person who is infected or colonized. MRSA is transmitted most often by skin-to-skin contact, but it may also be spread through contaminated objects or surfaces. Individuals who have draining infections are shedding more bacteria and are more infectious than persons who are colonized only.

How do you limit the spread?

The following practices should be implemented:

• Wash hands frequently; this is the most effective method of preventing the spread of staph.
• Cover infected wounds with clean bandages.
• Sanitize surfaces and items that may be soiled with body fluids or secretions.
• Do not share personal items, such as towels and bedding.
• Keep cuts and scrapes clean and covered until healed.
• Teach children that they should not touch other people's wounds or bandages.
• Wear nonporous gloves when cleaning children's wounds or changing bandages and wash your hands before and after using gloves.

Can you catch it again?

Yes, it is possible to have a staph or MRSA skin infection come back after it is cured.

What is the treatment for MRSA?

Most MRSA infections are treatable with antibiotics. Antibiotics should be taken as directed, making sure to take *all* of the doses, even if the infection is getting better, unless your doctor tells you to stop taking it. Do not share antibiotics with other people or save unfinished antibiotics to use at another time.

Does a caregiver need to report MRSA?

You must report an *outbreak* of MRSA infection to your local public health department. An outbreak is more than one case. You must also notify the parents or guardians of children in your program. MRSA can be a problem for individuals with a suppressed immune system.

What is the role of the family of a child who has MRSA?

Families should follow these procedures:

• Seek medical attention if a child has a boil, red or inflamed skin, or a sore that does not go away or that does not respond to antibiotics.
• Share information about the child's medical treatment with caregivers.
• Cover draining wounds with clean dressings.
• Place disposable waste that is soiled with infected drainage in a separate plastic bag and close the bag before putting it in the garbage.
• Wash sheets, towels, and clothes soiled with wound drainage in hot water and dry in a hot dryer.

Does a child with MRSA infection need to be excluded from child care?

Exclusion from child care will be determined by the child's primary care provider. These factors will be considered:

• Does the child with MRSA infection have draining wounds?
• Does the child with MRSA infection have draining wounds that cannot be covered or have dressings that cannot contain the drainage or be kept dry and intact?
• Is the child with MRSA in a classroom with children who have a suppressed immune system?
• Does the child have special needs; for example, a tracheostomy?

References and Resources

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National Head Start Family Literacy Center

California Institute on Human Services
Sonoma State University

The Head Start Act of 1998 reaffirmed Head Start's longstanding belief in the importance of literacy for every child's success in school and of parent literacy in family life. One way that Head Start programs act on this belief is to ensure that all children and families have the opportunity to participate in family literacy services that "are of sufficient intensity in terms of hours, and of sufficient duration, to make sustainable changes in a family." The Head Start Act further defines family literacy services as an integration of the following four activities:

1. Parent-child interactive literacy activities
2. Training for parents on how to be the primary teacher for their children and full partners in the education of their children
3. Parent literacy training that leads to economic self-sufficiency
4. Age-appropriate education to prepare children for success in school and life experiences

The Head Start Act of 1998 also authorized the Head Start Bureau to provide training and technical assistance on family literacy to all Head Start and Early Head Start grantees. In the fall of 2005, the Head Start Bureau awarded the five-year National Head Start Family Literacy Center (NHSFLC) cooperative agreement to the California Institute on Human Services at Sonoma State University.

The agreement was granted for the purpose of assisting Head Start programs in improving the quality and positive outcomes of their family literacy services. In order to address the geographic, linguistic, and cultural diversity among Head Start programs in all 50 states and the territories from the Virgin Islands to the Outer Pacific, the NHSFLC will provide a variety of training and technical assistance options:

- Training at national, regional, state, and cluster events
- Multimedia training modules which will be accessible to the entire Head Start community
- Parent training, mentoring, and support
- Showcasing of successful family literacy practices so that other programs can replicate them
- Multiyear, team-based training that supports programs to make sustainable, systemic change
- Online courses that can be accessed in local universities in which Head Start staff are enrolled
- Introduction to community-based literacy agencies that can partner with Head Start programs to mutually expand their family literacy efforts

The NHSFLC is currently disseminating two multimedia training modules to Head Start and Early Head Start grantees upon request:

1. *Language Is the Key: Follow the CAR*, originally developed by Washington Learning Systems in Seattle, Washington. It provides easy-to-use materials that can help staff and parents learn important research-based, dialogic reading techniques that have been shown to have powerful effects on children's language development. The module contains a DVD with two videos, each one in English, Spanish, and open-captioned English. The accompanying materials supplement the video and help staff and parents develop high levels of understanding and skill.
2. *My Parents/My Teachers*, developed by El Valor, a Head Start grantee in Chicago, and distributed by the NHSFLC. It also contains a DVD and training materials. Suitable for parents and staff working with infants and toddlers, the video shows experts and parents discussing the important role that parents of infants and toddlers play as their child's first teachers during this critical period of brain development. The video, in English and Spanish, provides many examples of ways in which parents and caregivers can support children's optimal development during this period.

During the next five years, the NHSFLC will work with regional and state partners to address family literacy strengths and needs and to support Head Start staff and families in implementing research-based practices. Many of the National Head Start Family Literacy Center staff have worked extensively with Head Start and Early Head Start grantees, Head Start Associations, and Head Start-State Collaboration Offices. The staff look forward to renewing those relationships and building new ones.

For more information and to request *Language Is the Key* and *My Parents/My Teachers*, please contact the NHSFLC:

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California Institute on Human Services, Sonoma State University
81 University Drive
Camarillo, CA 93012
Phone: 800/849-7810
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Meeting Oral Health Requirements: Cavity-Free Kids Are a Reality

Shawn Henson, Health Program Specialist, Shasta Head Start

Ensuring that all preschool children receive a professional dental exam while enrolled in Head Start is challenging at best. Most dentists do not serve young children. In addition, less than one third of public water supplies in California are fluoridated. And many Head Start families face financial, social, and language barriers that make access to dental care difficult. Although the national average for Head Start preschool children obtaining a professional dental exam is about 78 percent, Head Start programs are scrambling to justify Program Information Reports showing less than 100 percent completion.

The good news is that since the surgeon general's report of 2000, there has been an increased national focus on preventive oral health for young children. For instance, Medicaid's Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) requirements have been updated to recommend dental exams for children by the age of one year. In addition, California recently passed legislation allowing Medi-Cal reimbursement for dental exams for women during pregnancy. Before 2000 dentists were reluctant to provide dental services to pregnant women or children under the age of three. Early care of baby teeth and preventive treatment during pregnancy prove to be effective approaches to improve pregnancy outcomes and children's health.

The California Head Start Association partnered with the California First 5 Commission, the Dental Foundation, and the California Dental Association to launch California's *First Smiles Initiative*. This initiative has a multipronged approach to improving the oral health of young children. Through the initiative, medical and dental providers, early childhood professionals, and Head Start parents are receiving a consistent, research-based message about oral health. Funding opportunities for new projects have grown with the increased emphasis on oral health and school readiness. Many county First 5 commissions have directed tobacco tax funds toward projects related to oral health. Recently, the federal Head Start Bureau awarded Oral Health Initiative Grants to 50 Head Start programs throughout the country. Shasta Head Start was one of four grantees within Region IX to receive an Oral Health Initiative Grant.

Shasta Head Start's Dental Journey

Over the past several years, significant increases in dental exam completion rates for preschoolers have been realized at Shasta Head Start (SHS). However, Early Head Start enrollees do not realize the same rate of success as do their preschool counterparts. The vision of SHS is to have Early Head Start families as aware of and committed to oral health as they are to immunizations of their children. Therefore, an oral health coordinator was employed to build on the momentum achieved at SHS and develop strategies that will be sustained after the four-year grant has ended.

Some of the challenges. Shasta Head Start, like many other Head Start programs, has grappled with the issue of dental exams. Communities in far northern California lack fluoridated public water and access to a dental home. Families enrolled in Medi-Cal in Yreka, for example, must travel two hours one way to see a dentist and an additional two hours for specialized dental care. That is, if the child can wait eight months for an appointment to see the pediodontist.

In Shasta and Siskiyou counties, First 5 commissions have funded grant projects that offer on-site dental screenings at schools. Shasta Head Start children benefit from preventive oral health care, such as screening, cleanings, and fluoride varnishing. One adverse outcome that was not anticipated is that a "clean" screening for children can have a negative effect on obtaining a professional dental exam. More than one-half of the children screened did not show any evidence of caries. After a child had a dental cleaning and fluoride application but had no notable decay, it was difficult for social service staff to convince some parents to take time off work or travel a distance to obtain a professional dental exam.

Assessing Success. A handful of social service staff have achieved tremendous success in obtaining dental exams for children despite the difficulties. SHS assessed which staff members had been successful in obtaining the dental exams and follow-up visits to learn more about their approach. Of particular interest were those who had seen a high percentage of completed dental exams and follow-ups in communities that also experienced obstacles to access. Staff who were doing well with meeting oral health requirements for children were asked to share their strategies and provide suggestions for program planning to improve the oral health training program. A staff Oral Health Task Force was formed in 2004 to glean wisdom from those employees.

A handful of social service staff have achieved tremendous success in obtaining dental exams for children despite the difficulties.

The following trends were identified:

1. Staff saw oral health as important; viewed oral health as a priority; and had a strong, positive relationship with the families they served.
2. They were creative problem solvers who were willing to go the extra mile to transport families, incorporate oral health into FPA goals, and take time to make appointments for families.
3. They seized the moment and did not wait for a scheduled home visit to ask about dental exam rates or to educate in general on oral health. Instead, they talked to the parent about oral health at every opportunity.
4. They frequently provided reminders about dental requirements and appointments.

Staff Training. The qualities identified above were translated into four concepts used for staff training during the 2004-05 school year: (1) Build Positive Relationships; (2) Be Creative; (3) Seize the Moment; and (4) Remind, Remind, Remind.

Dental Policy. Shasta Head Start, with the help of parents, developed a dental policy (implemented July 2005) that emphasizes building parental expectations of completing dental exams during the recruitment and enrollment process; offering to hold a child study team if a dental appointment cannot be obtained within 45 days of enrollment; and making additional home visits, using the Cavity-Free Kids home-based curriculum, to families who have not complied with the dental exam requirement. This year, 82 percent of preschoolers had a completed dental exam within 45 days of enrollment. The numbers were even higher within 90 days of enrollment. This is a marked increase from past years. Some of this success was realized by increasing the number of on-site dental exam clinics provided at Head Start centers. However, many parents, when given clear expectations of the program requirements, obtained their child's dental exam before enrollment.

First Smiles (Cavity-Free Kids Curriculum). Shasta Head Start has provided First Smiles oral health training to more than 200 people in the last year, a number that includes SHS social service staff and professionals throughout California. During the 2005-06 program year, SHS fully implemented the Cavity-Free Kids curriculum (provided through the state First Smiles Initiative) for home-based and center-based programs. Staff has become more aware of the harmful effects of early childhood caries and can implement strategies to improve dental hygiene and educate children and families on oral health.

Cavity-Free Kids Are a Reality

Curriculum kits were developed for each classroom to help the teachers in curriculum planning and in delivering the Cavity-Free Kid's curriculum. Teachers have enjoyed the simplicity of having everything necessary for their lessons organized into take-and-go files. Included in the kit are copies of parent letters that correspond with the lessons, in-kind suggestions for parents, and accessories, such as puppets, books, or flannel characters. Home visitors were also supplied with "tooth kits" containing visual prompts to convey oral health concepts. SHS is planning to extend this training and curriculum to the family childcare program option by the 2006-07 school year.

Parent Training. The First Smiles curriculum provides parent-focused PowerPoint presentations that have been an effective tool for educating parents. Currently, the SHS health specialist and oral health coordinator are providing oral health training to parents, but eventually family service workers will be trained and equipped to duplicate the training at their centers. Parents have been amazingly receptive and enthusiastic about the new information they have gained at parent trainings.

Community Outreach. One primary role of the oral health coordinator is to improve oral health systems within

the community in order to sustain long-term benefits to children. Increasing the number of dental clinics offered at Head Start sites and including Early Head Start children in the dental clinics are a priority. Outreach to expectant parents and the development of oral health theme bags are projects outlined for the oral health coordinator. Oral health theme bags will be distributed to each Head Start center and throughout the community. These bags will contain age-appropriate oral health-related activities for parents and children to do together and that support the Cavity-Free Kids curriculum in the classroom. Head Start parents will have access to these resources, and families who do not attend parent meetings will benefit from the oral health education materials contained in the kit.

Conclusion

There is no simple solution for eradicating early childhood caries. Some of the strategies outlined in this article have proven to be helpful to the Shasta Head Start program in meeting oral health mandates. More important than the numbers are what they represent. Every preventive treatment, oral health exam, or completed follow-up exam is a step in improving the overall health of a child. Every program has its own set of challenges, resources, and successes. Certainly, ensuring that dental exams occur for children under the age of three will hold its own set of obstacles. But early childhood caries, the single most prevalent disease of childhood, has plagued America's children long enough. The disease is preventable. Head Start grantees must collaborate, educate, seek additional funding sources, and get downright creative to link children with dental care. Complacency is not an option. Our young children are too valuable. ◆

Date: ____/____/____

Type of Agency or affiliation:
- ☐ Head Start
- ☐ Family Child Care Home
- ☐ State Preschool
- ☐ College or University (Center)
- ☐ College or University (Faculty)
- ☐ Other State Government
- ☐ Private/Nonpublic Funded
- ☐ Other: _____

❶ Please check the box that best describes your role:
- ☐ Nurse/health specialist
- ☐ Social services/parent involvement specialist
- ☐ Educator/teacher
- ☐ Family service worker
- ☐ Resource teacher
- ☐ Administrative staff
- ☐ Other (specify) _____

❷ In the following table, check the box that best describes how much you feel you know about best practices in the three areas noted:*

	I know a tremendous amount	I know quite a bit	I know some	I need to know more
Childhood obesity	☐	☐	☐	☐
Children's oral health	☐	☐	☐	☐
Developmental disabilities and inclusion	☐	☐	☐	☐

❸ In the following table, check the box that best describes how your knowledge level in the four areas noted has changed:

	Knowledge has increased during the past year	Knowledge has stayed the same over the past year	I need to know more
Working with First Five commissions	☐	☐	☐
Child outcomes/ Desired Results Developmental Profile	☐	☐	☐
The service system for children with developmental disabilities	☐	☐	☐
Professional growth and development resources	☐	☐	☐
County partnerships for universal preschool	☐	☐	☐

❹ Over the past year, where did you receive information about best practices related to early care and education and how helpful was it (check all that apply)?

Source	Very helpful	Somewhat helpful	Not very helpful	Not applicable
Bridges Journal	☐	☐	☐	☐
California Head Start Association newsletter	☐	☐	☐	☐
National conferences	☐	☐	☐	☐
State/local conferences/ workshops, summits, or roundtables	☐	☐	☐	☐
Materials/training sponsored by the California Preschool Instructional Network	☐	☐	☐	☐
Peers/ colleagues in field	☐	☐	☐	☐
ListServs or the Internet	☐	☐	☐	☐

Other _____

❺ Are there any specific topics or areas that you would like to receive information about in *Bridges?*
- ☐ Yes
- ☐ No

If yes, what topics/areas? _____

_____

❻ I usually find *Bridges* content to be:
- ☐ Stimulating
- ☐ Boring
- ☐ Sometimes of interest and sometimes not

❼ When I receive *Bridges,* I (check *all* that apply):
- ☐ Always read it cover to cover
- ☐ Sometimes read it cover to cover
- ☐ Scan it for items of interest
- ☐ Keep issues on file for future reference
- ☐ Read or scan, then throw away or give to others to read
- ☐ Don't read it at all

*During the coming year, the CHSSCO will conduct activities to address best practices in these areas.

Michael Zito
CHSSCO
California Department of Education
1430 N Street, Suite 3410
Sacramento, CA 95814

⇧
Fold here

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Web Resources

The following Web sites on early education, disabilities, health, and other topics may be of interest to you:

Early Care and Education

The Center on the Social and Emotional Foundations for Early Learning is a national center focused on strengthening the capacity of Head Start and child care programs to improve the social and emotional outcomes of young children. Click on "What Works Briefs" and "Training Modules" at http://www.csefel.uiuc.edu.

For information on the Desired Results Developmental Profile, California Preschool Instructional Network, Hilton/Early Head Start Training Program, and a variety of other early education projects, visit the Sonoma State University's California Institute on Human Services Web site at http://www.sonoma.edu/cihs/cihs/earlychildhood.

"Early Head Start: Celebrating Success and Ensuring Its Future" is the first in a series of articles in *The Baby Monitor* celebrating Early Head Start. You can find it at http://www.zerotothree.org/policy/EHSBabyMonitor%20final.pdf.

The 2005 *State of Preschool Yearbook* of the National Institute for Early Education Research is available at http://www.nieer.org.

Disabilities

Information on a variety of early childhood projects focusing on children with disabilities, including Project Exceptional and StoryQuest, may be found at http://www.sonoma.edu/cihs/cihs/earlychildhood.

The California Department of Health Services maintains an archive of field policy letters regarding California Children's Services, Medi-Cal, CHDP, and more at http://www.dhs.ca.gov/pcfh/cms/onlinearchive.

The California Department of Developmental Services is the agency through which the state provides services and supports to children and adults with developmental disabilities. The site contains a variety of useful information, including how to contact the 21 regional centers, resources for providers, the Early Start program for infants and toddlers with disabilities, and relevant laws and regulations. http://www.dds.ca.gov.

Leotek, a national nonprofit authority on toys and play for children with disabilities, has launched the AblePlay Rating System™. This free online resource features toys rated for their accessibility regarding physical, sensory, communication, and cognitive disabilities. It also includes detailed product reviews and ideas for adaptive play. Visit http://www.ableplay.org

Health

The California Childcare Health Program's Web site presents up-to-date information and user-friendly educational resources, including many publications, for the child and health care communities at http://www.ucsfchildcarehealth.org.

The Child Care and Health Partnership program of the American Academy of Pediatrics publishes an electronic newsletter for early education and child care providers. It covers health and safety topics, such as SIDS, information about a medical home (an approach to comprehensive primary care), nutrition, infectious diseases, mental health, and more. To receive these short but informative newsletters, please visit http://www.healthychildcare.org/hccpsignup.cfm.

Mathematica's Feeding Infants and Toddlers Study, conducted in 2002, contains information about the diets of more than 3,000 infants and toddlers. As childhood obesity reaches epidemic proportions, knowing more about infants' and toddlers' eating habits can help parents, health care professionals, and nutritionists address this issue more effectively. For more information visit http://www.mathematica.org/nutrition.

Father Involvement

A variety of presentations, information, and other resources regarding father involvement in Head Start are presented at http://www.hsnrc.org/fatherhood.

Homelessness

The National Law Center on Homelessness and Poverty has developed a sample process to help determine whether a child or youth fits the McKinney-Vento definition of homelessness (part of a Back to School Self-Advocacy Kit). The information can be downloaded from its Web site at http://www.nlchp.org, under the Education section.

California's Infant/Toddler Learning and Development System

Development Foundations will provide the organizational structure for the *Infant/Toddler Curriculum Guide.* Recommendations on setting up the environment, selecting play materials, and facilitating early learning

CHSA Message

for both teachers and instructional assistants will prove to be a challenge and a significant expense. For Head Start in California, the additional challenge will be to retain and demonstrate the value of veteran staff and increase the diversity of the workforce. Over the past years, with support and incentives, we have demonstrated our ability to respond to increasing federal requirements. Given the proposed language in pending reauthorization legislation, Head Start may soon be facing timeline and funding restrictions that may further complicate meeting those requirements.

The California Head Start Association is pleased to see the California Head Start–State Collaboration Office take up the task of informing both Head Start and state-funded child development programs of the opportunities for increased training and professional development. The task remains at the local level for leaders to model the collaboration efforts through sharing resources; joining with our traditional training system through the community colleges; and building new bridges with the California State University system, University of California campuses, and private degree-granting institutions. In our tradition of upward mobility, we must support the development of all staff. We must construct supports for all learners— those just starting on their road and those close to achieving the goal of an advanced degree. Finally, we must be intentional in our advocacy for funding that ensures we will be able to compensate and, therefore, retain this well-prepared workforce for tomorrow's Head Start child. ◆

through interaction will be described for each of the three age periods identified in the *I/T Foundations.*

The Infant/Toddler Desired Results Developmental Profile–Revised

The *Infant/Toddler Desired Results Developmental Profile–Revised (I/T DRDP-R)* is an observational assessment tool for documenting the developmental and learning progress of infants and toddlers (children from birth to 36 months of age). The *I/T DRDP-R* is completed over a period of time by infant care teachers as they observe the infants and toddlers in their care interacting in the typical daily program. The profile addresses the CDE/CDD's four Desired Results for children: (1) Children are personally and socially competent; (2) Children are effective learners; (3) Children show physical and motor competence; and (4) Children are safe and healthy. The use of the *I/T DRDP-R* by infant care teachers will be linked to the recommendations for curriculum planning presented in the *Infant/Toddler Curriculum Guide.*

In sum, California's Infant/Toddler Learning and Development System is based on the latest information available from research and best practices. Taken together, its compo-

nents provide multiple entry points to professional development resources for infant/toddler care teachers, program administrators, and family child care providers. The system is designed not only to provide a comprehensive, coherent approach to building the capacity of California to support early learning and development in infant/toddler care programs, but also to advance the profession of early care and education.

When these products are published, they will be available for sale by the California Department of Education, CDE Press Sales Office. For information on newly released documents, check the CDE Web site at http://www.cde.ca.gov. ◆

BRIDGES